DEPARTMENT OF VETERANS AFFAIRS
CHIROPRACTIC ADVISORY COMMITTTEE

FINAL REPORT
TO THE
SECRETARY OF VETERANS AFFAIRS

October 25, 2004

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This Final Report summarizes the work the Department of Veterans Affairs (VA) Chiropractic Advisory Committee (CAC) has accomplished over the past 2 years.

The eclectic composition of the Committee – a concern to many members of the chiropractic profession when the appointments were announced in August 2002 – led to many spirited discussions. Although members of the Committee held, and may continue to hold, differing opinions, all members were given the opportunity to voice their thoughts and opinions, and to have those opinions expressed in the reports and recommendations the Committee sent to the Secretary of Veterans Affairs.

The common goal of all members, from the first meeting to the last, was to provide Secretary Principi with sound advice that would result in the development and implementation of a program of chiropractic care that would benefit the veterans who have served our country. That common goal allowed the Committee to reach an amazing degree of consensus on a wide range of topics.

This final report contains no formal recommendations; it does discuss concerns that the Committee continues to have regarding implementation and offers suggestions for the future.

The Committee would like to thank Secretary Principi for his personal attention and commitment to the work of this Committee and to the introduction of chiropractic care within VA. The Committee would also like to thank the many VA Central Office personnel who provided information to the Committee, and to all VA personnel for their commitment to improve the care that our veterans receive. The Committee would especially like to thank Sara McVicker, who has served as Committee Manger, for her guidance, sensitivity to issues, responsiveness and attention to detail.

Background.

Public Law (Pub. L.) 106-117, the Veterans' Millennium Health Care and Benefits Act, Section 303 required Veterans Health Administration (VHA) to establish a policy regarding the use of chiropractic treatment in the care of veterans. The

statutory language established no parameters with respect to the policy except for:

- The consultation requirement.
- Defining "chiropractic treatment" as "the manual manipulation of the spine performed by a chiropractor for the treatment of such musculo-skeletal conditions as the Secretary considers appropriate".
- Defining the term "chiropractor".

This legislation was signed into law on November 30, 1999. VHA issued a policy on May 5, 2000 that recommended chiropractic care be provided through the outpatient fee-basis process or through local contracts when facilities determined that the need for such services was sufficient to support a contract action.

Pub. L. 107-135, Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, Section 204 requires VA to:

- Establish a chiropractic advisory committee to provide advice and assistance to the Secretary in the development and implementation of the chiropractic health program. The Committee is to provide recommendations to the Secretary on scope of practice, services to be provided and protocols governing referrals to and direct access to doctors of chiropractic.
- Provide chiropractic care on at least one VHA site in each VISN through appointment and contracts.
- Provide "a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex".
- Provide training and materials relating to chiropractic care and services to VA health care providers assigned to primary care teams.

Pub. L. 107-135 also specified that the Advisory Committee would cease to exist on December 31, 2004.

The Chiropractic Advisory Committee was appointed in August 2002. Appointments provided a multi-disciplinary mix of doctors of chiropractic (DCs), allopathic and osteopathic physicians, a physical therapist and a representative from a veterans service organization. Two members are health care providers within the Department of Veterans Affairs; other members are in private practice, academic positions, and a state agency.

Meetings.

The Committee met eight times.

<u>September 2002:</u>
During its initial meeting, the Committee met with the Secretary who thanked them for agreeing to serve on the Committee. The Committee received an

extensive orientation to the VA health care system and its personnel system. The committee also identified and prioritized topics for future discussions.

At this meeting the Committee developed one recommendation, which was sent to the Secretary of Veterans Affairs on October 16, 2002:

> The Chiropractic Advisory Committee unanimously recommends that the Major Occupational Study be initiated as soon as feasible in order to accomplish the appointment of licensed Doctors of Chiropractic in Department of Veterans Affairs Medical Centers and Clinics.

VA concurred with the recommendation on November 29, 2002. The contract for the Occupational Study was awarded on July 23, 2003 and the completed study was delivered to VA January 20, 2004.

December 2002:
Committee members provided a series of briefings to assist all members in gaining a better understanding of the professions of chiropractic, osteopathic medicine, and physical therapy. The Committee visited the National Naval Medical Center in Bethesda where they received an extensive briefing on the provision of chiropractic care at that Medical Center. The Committee developed the topics on which they wished to make recommendations, and discussed features of functional and organizational relationships that would allow chiropractic care to be delivered in the most effective manner within VA, scope of practice and how to achieve the goal of early access of patients to DCs.

March 2003:
Dr. Roswell, Under Secretary for Health, met with the Committee for a wide-ranging discussion regarding the integration of chiropractic care into VHA. The Committee revised a draft of proposed recommendations, discussing qualifications for DCs, VHA privileging processes, issues regarding access to chiropractic care, referrals, models of care/integration, evaluation of the chiropractic care program and the need for orientation/education for both DCs and VA personnel. Other topics covered included personnel, space, and equipment needs; academic affiliations and research; and oversight and consultation for the program. The Committee also received oral comments from the public.

September 2003:
The Committee had commented on and made revisions to several iterations of the recommendations document in the period between meetings and Draft # 6 had been posted on the Committee website for public comment. The Committee reviewed a summary of the 400+ comments received, discussed each recommendation in light of the comments, and completed final edits. The recommendations document approved by the Committee expressed the opinions of all members. Any concerns that Committee members had regarding a

recommendation were expressed in a *Comments* section following the rationale for the recommendation. In the one instance where Committee members strongly disagreed, a dissenting recommendation followed the recommendation endorsed by the majority of the Committee.

After final review and proofing by the Committee, the recommendations were submitted to the Secretary of Veterans Affairs on November 3, 2003. The Committee received VA's response on March 25, 2004. Appendix A lists these recommendations, VA's response, the implementation status of each as of the Committee's last meeting on October 19, 2004, and suggestions for follow-up that should be included in the program evaluation.

December 2003:
The Committee visited the Washington, DC VA Medical Center, meeting with the Medical Center Director and other key personnel, receiving a demonstration of the VA electronic medical record, and observing clinic areas. The Committee later received a briefing on the VA Employee Education Service in preparation for development of follow-up recommendations on educational activities needed to implement chiropractic care. The Committee had extensive discussions on training of VA providers as mandated in Pub L. 107-135, the orientation needed by DCs new to the VA, and patient education/information materials. The Committee developed a draft of recommendations on educational activities.

March 2004:
The Committee discussed the VA's responses to the recommendations submitted in November 2003 and received information on the steps needed for implementation. The Committee reviewed, discussed and edited the draft recommendations on education and approved the recommendations. The Committee received a briefing on VHA's performance measurement system and then discussed quality measures that would be useful in evaluating the program.

After final review and proofing by the Committee, the recommendations on education needed to implement the program were submitted to the Secretary of Veterans Affairs on May 17, 2004. The Committee received VA's response on June 25, 2004. Appendix B lists these recommendations, VA's response, the implementation status of each as of the Committee's last meeting on October 19, 2004, and suggestions for follow-up that should be included in the program evaluation.

July 2004:
The Committee was briefed on the status of implementation including the sites selected to provide chiropractic care. Odette Levesque, Quality Assurance/Clinical Liaison, Office of the Deputy Under Secretary for Operations and Management, met with the Committee to answer questions about site selection and various concerns that Committee members expressed. The

Committee completed final review and editing of the recommendations regarding program evaluation and approved them. The Committee received a briefing on academic affiliations and discussed the content of their final report.

The recommendations on program evaluation were submitted to the Secretary of Veterans Affairs on July 14, 2004. The Committee received VA's response on October 19, 2004. Appendix C lists these recommendations, VA's response and the implementation status of each as of the Committee's last meeting on October 19, 2004.

October 2004:
The Committee was briefed on the status of implementation, received a briefing on the VA Research program, and completed their final report.

Current Status of Implementation and Committee Concerns.

From the first meeting, the underlying theme of the Committee's discussions has been the need for doctors of chiropractic to be integrated as a part of VA's health care team. The Committee has concerns regarding implementation of this new program, such as having only one DC at any given facility, utilization of contract personnel rather than employing doctors of chiropractic, and heavy reliance on part-time personnel.

The Committee recognizes VA's desire to more clearly determine demand before committing resources by employing full-time personnel. However, the doctors of chiropractic must be visibly present, must be considered a part of the healthcare team, and must have sufficient time to interact with other providers in order to form the functional relationships that will allow the chiropractic care program to demonstrate its benefit. Use of part-time personnel appears to be antithetical to this goal. The Committee is also concerned that utilization of part-time positions may result in less qualified applicants since successful doctors of chiropractic would most likely be interested only in full-time positions.

The Committee has received verbal assurances that VA will expand existing sites to at least full-time coverage if demand is demonstrated. VA also agreed with the intent of a Committee recommendation that the goal is to have chiropractic care at each of the major VHA facilities, consistent with VHA time and distance standards for specialty access. However, the Committee received no information regarding what criteria, such as workload standards or resource availability, will be used to make decisions regarding expansion of provider time at an existing site or expansion to other sites; who will make decisions regarding expansion; and when data would be reviewed to determine if expansion is needed and/or warranted.

The Committee recognizes that VA continually operates under fiscal constraints

resulting from an appropriations process that is not linked to the number of veterans seeking or receiving care at VA facilities. However, the Committee believes that the chiropractic care program must be treated equitably.

Based on the implementation information provided to the Committee in October 2004, the Committee appreciates that VA is treating DC equitably regarding their status as a member of the healthcare team. At a minimum, the Committee would like VA to continue to ensure that the status of doctors of chiropractic is equal to that of doctors of podiatric medicine and doctors of optometry in regard to privileging and medical staff membership.

The Committee also recognizes the challenges inherent in implementing a new program within a large integrated, but administratively decentralized healthcare system. However, the Committee remains concerned that some of the decisions made regarding implementation may result in limiting veterans' access to chiropractic care.

Challenges and suggestions for further action.

The Committee's recommendations regarding program evaluation expressed the Committee's belief that both VA and non-VA doctors of chiropractic should be involved in the evaluation and monitoring this new program. Non-VA doctors of chiropractic are needed to assist in planning and overseeing the program evaluation as VA currently has no administrative doctors of chiropractic who can perform that function and other professionals within VA are not knowledgeable regarding chiropractic care and practice. Doctors of chiropractic working within the VA system are necessary to provide insight into the operations of the program and issues affecting the provision of chiropractic care. In addition, the inclusion of non-VA professionals who have the opportunity for input and guidance will lend credibility to the evaluation of the program.

The committee suggests that VA provide interested stakeholders, such as doctors of chiropractic working within VA, any VA advisory group established to provide oversight, and interested professional organizations with regular updates on the status of the program and allow an opportunity for input from these stakeholders. The Committee suggests that an internet page, similar to that established for the Committee, would allow these stakeholders and other interested parties easy access to news regarding the chiropractic care program. The Committee believes that VA must be transparent in its implementation and management of the chiropractic care program.

Because VA is implementing chiropractic care at only 27 widely separated locations, and most Veterans Integrated Service Networks (VISNs) will have only one doctor of chiropractic, VA should support methods which will enable the doctors of chiropractic to develop a sense of collegiality, provide peer support for

each other, and share knowledge and best practices. The committee also suggests that VA should encourage interaction of VA doctors of chiropractic with those in the Department of Defense (DoD). The DoD doctors of chiropractic have existing communication links which would be immediately useful to doctors of chiropractic new to VA.

The Committee also reiterates the recommendation contained in its November 3, 2003 report that called for appointment of a chiropractic advisor, similar to the position of the physician assistant advisor or the directors of podiatry and optometry, and a field advisory committee. The Committee believes that VA needs a designated administrative program leader for chiropractic care.

The Committee believes that academic affiliations with chiropractic colleges will strengthen VA's chiropractic care program. The Committee also believes that the introduction of chiropractic care into an integrated healthcare system provides a unique opportunity to use academic affiliations for inter-disciplinary, integrated training opportunities. The Committee encourages VA to take the lead in developing such opportunities.

The Committee believes that the introduction of chiropractic care into a large integrated healthcare system presents an unprecedented opportunity for research on conditions prevalent in the veteran population. The Committee strongly encourages VA to develop opportunities for multi-disciplinary research.

APPENDIX A: November 3, 2003 Recommendations of the VA Chiropractic Advisory Committee, VA Response, Implementation Status (as of October 19, 2004) and Suggested Follow-up

*** The full document submitted to the Secretary of Veterans Affairs should be consulted for the rationale and comments statements that reflect the Committee's discussion. This document may be found on the Committee's web site at www.va.gov/primary.**

Committee Recommendation	VA Response	Implementation Status; Follow-up
Recommendation 1: Education requirement. Degree of doctor of chiropractic resulting from a course of education in chiropractic. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools should be: (1) Schools of chiropractic accredited by the Council on Chiropractic Education Commission on Accreditation or equivalent agency recognized by the U.S. Secretary of Education, **or** (2) Schools (including foreign schools) accepted by the licensing body of a State, Territory, Commonwealth, or the District of Columbia as qualifying for full or unrestricted licensure.	VA concurs with the intent of this recommendation but, for clarity, will remove the phrase "for the year in which the course of study was completed" when incorporating these educational requirements into the VA chiropractor qualification standard.	Education requirement incorporated into the Doctor of Chiropractic Qualification Standard published 6/16/2004. The educational status of appointed or contracted DCs should be included in the program evaluation along with other demographic information such as years of practice.
Recommendation 2: Licensure requirement. Current, full and unrestricted license to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. A doctor of chiropractic who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status should be appointed only in accordance with existing VA provisions applicable to other independent licensed practitioners.	VA concurs with this recommendation. These licensure requirements will be incorporated into the VA chiropractor qualification standard. VA will also include, as in other qualifications standards, a provision for the facility Director to waive the licensure requirement if the doctor of chiropractic is to serve in a country other than the United States and the doctor of chiropractic has licensure in that country.	Licensure requirement incorporated into the Doctor of Chiropractic Qualification Standard published 6/16/2004. Program evaluation should include any issues related to variations in state practice acts.
Recommendation 3: Other requirements. Doctors of chiropractic should be expected to meet the other employment requirements, such as citizen-ship, English language proficiency and physical requirements, established by VA for all other Title 38 employees.	VA concurs with this recommendation. These requirements will be incorporated into the VA chiropractor qualification standard. VA will also include, as in other qualifications standards, a provision for appointment of a non-citizen, in accordance with VA Hand-book 5005, Staffing, Part II, Chapter 3, when it is not possible to recruit qualified citizens.	Employment requirements incorporated into the Doctor of Chiropractic Qualification Standard published 6/16/2004. No follow-up needed.

Committee Recommendation	VA Response	Implementation Status; Follow-up
Recommendation 4: Scope of Practice. Doctors of chiropractic shall provide patient evaluation and care for neuromusculoskeletal conditions including the subluxation complex within the boundaries set by state licensure, VHA privileging and the doctor's ability to demonstrate educational training and clinical competency in the areas necessary to provide appropriate patient care.	VA concurs with this recommendation. Pub. L. 107-135, Section 204(d) establishes this scope of practice.	Scope of practice published in VHA Directive 2004-035, Chiropractic Care, published July 16, 2004. Program evaluation should include the types of conditions for which patients are referred.
Recommendation 5: Minimum Initial Privileges. Minimum initial privileges, based on the state licensure of the doctor of chiropractic, should include: 1. History taking; 2. Neuromusculoskeletal examination and associated physical examination; 3. Ordering of standard diagnostic plain film radiologic examinations to include spine, pelvic, skull, and rib series and chest (PA and lateral); 4. Determine appropriateness of chiropractic care for the problem(s) for which the patient is being managed; 5. Provide chiropractic care - a. Adjustment, b. Manipulation/mobilization, c. Manual therapy; 6. Manage neuromusculoskeletal care; 7. Referral to appropriate provider when chiropractic care is deemed inappropriate or when patient conditions outside the scope of chiropractic care are suspected or detected through examination or as a result of diagnostic testing.	As a general finding, VA views this description of privileges to be reasonable and appropriate. VA understands this recommendation lists functions that doctors of chiropractic are licensed to provide and also understands that these functions could be incorporated into a doctor of chiropractic's privileges but must state that privileging is both practitioner and facility specific. Veterans Health Administration (VHA) Handbook 1100.19 defines privileging in the same manner as the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) as "the process by which a practitioner, licensed for independent practice (i.e., without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.) is permitted by law and the facility to practice independently, to provide medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as deter-mined by peer references, professional experience, health status, education, training, and licensure". Facility needs, organizational policies and procedures, the availability of existing services that can meet the needs of the patients, and available resources are used by facilities in conjunction with a practitioner's scope of practice as defined by licensure to identify the privileges to be granted by the facility to all independent practitioners.	Privileges recommended by the Committee published in Under Secretary for Health's Information Letter 10-2004-011, Credentialing and Privileging of Doctors of Chiropractic, published August 23, 2004. The VISNS report that 21 of the 27 sites will privilege the DCs and 4 sites will utilize scopes of practice. 2 sites had not decided as of the time of this report. Program evaluation should include the privileges or scope of practice granted to DCs and examine the reasoning facilities used in making those decisions.

Committee Recommendation	VA Response	Implementation Status; Follow-up
Recommendation 6: Other Initial Privileges. When permitted by the state licensure of the doctor of chiropractic and the privileging process for the VA facility, additional initial privileges may include: 1. Ordering of additional diagnostic studies - a. Imaging studies (e.g., CT, MRI, ultrasound, bone scan), b. Clinical laboratory (e.g., Urinalysis, SMA 24, Arthritis Panel, CBC), c. Other appropriate tests (e.g., EMG, nerve conduction); 2. Order or provide other treatment modalities - a. Physical modalities (e.g., heat, cold, electrical, ultrasound), b. Ergonomic evaluation, posture management, c. Orthotics, supportive bracing, taping, d. Counseling/education on body mechanics, nutrition, lifestyle, exercise, hygiene.	As a general finding, VA views this description of privileges to be reasonable and appropriate. As noted in the response to Recommendation #5, privileging of all providers is done at the facility level in accordance with the current issue of Veterans Health Administration (VHA) Handbook 1100.19 and the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The actual privileges granted by the facility are determined by facility needs, organizational policies and procedures, and the availability of existing services that can meet the needs of the patients.	Privileges recommended by the Committee published in Under Secretary for Health's Information Letter 10-2004-011, Credentialing and Privileging of Doctors of Chiropractic, published August 23, 2004. Program evaluation should include the privileges or scope of practice granted to DCs and examine the reasoning facilities used in making those decisions.
Recommendation 7: Additional Privileges. After the initial annual evaluation, the doctor of chiropractic may request additional privileges, which may be granted by the privileging facility consistent with the needs of the facility and the licensure held by the doctor of chiropractic, upon demonstration of appropriate training and competency.	VA concurs that the annual evaluation process provides a framework for considering whether additional privileges are consistent with the chiropractor's licensure and the needs of the facility.	Privileges recommended by the Committee published in Under Secretary for Health's Information Letter 10-2004-011, Credentialing and Privileging of Doctors of Chiropractic, published August 23, 2004. The program evaluation should examine if additional privileges were granted to DCs after experience with the program.
Recommendation 8: Publication of Information Letter. VHA should publish an Information Letter providing guidance to facilities regarding the recommended privileges approved by the Secretary.	As noted in the response to Recommendations #5 and #6, privileging of all providers is done at the facility level in accordance with the current issue of Veterans Health Administration (VHA) Handbook 1100.19 and the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). However, VA agrees that publication of an Information Letter would be useful in providing guidance to facilities that will be considering the credentials and privileges of doctors of chiropractors.	Privileges recommended by the Committee published in Under Secretary for Health's Information Letter 10-2004-011, Credentialing and Privileging of Doctors of Chiropractic, published August 23, 2004. No follow-up needed.
Recommendation 9: Access to Chiropractic Care. Access to chiropractic care should be in consultation with the patient's primary care provider or another VA provider for the condition(s) for which	It would appear that the intent of this recommendation is to help ensure that chiropractic care is provided to those patients who want and need the services of a doctor of	Mechanism of access published in VHA Directive 2004-035, Chiropractic Care, published July 16, 2004.

Committee Recommendation	VA Response	Implementation Status; Follow-up
chiropractic care is indicated. VHA facilities should establish processes that will ensure patients are adequately informed about treatment options, including chiropractic care, when presenting to urgent care with acute neuromusculoskeletal conditions appropriate for chiropractic care, when calling to request a primary care appointment for acute neuromusculoskeletal conditions, or when receiving care for difficult, chronic and otherwise unresponsive neuromusculoskeletal conditions. Patients presenting with neuromusculoskeletal complaints who prefer chiropractic care as their treatment option should be referred to a doctor of chiropractic for evaluation and care. Veterans who have been referred to and have received care from a doctor of chiropractic should continue to have access to the doctor of chiropractic for the continuation of care or treatment, consistent with facility policy for specialty care access.	chiropractic. VA concurs that access to chiropractic care should be in consultation with the patient's primary care provider or a VA provider who is providing care for, or been consulted regarding, the condition(s) for which chiropractic care is indicated. It is VA policy that providers must inform patients of treatment options and that patient preferences for treatment will be met whenever possible and appropriate. Shared decision-making regarding treatment options is encouraged. VA concurs that the provision of chiropractic care should be consistent with facility policy for specialty care access.	Sources of consultations for care should be included in program evaluation.
Recommendation 10: Continuity of Care for Newly Discharged Veterans. Newly discharged veterans who have been receiving chiropractic care through the Department of Defense while on active duty, or who have service-connected neuromusculo-skeletal conditions, or who are newly returned from a combat zone, or who have applied for service connection for the neuromusculoskeletal condition for which DoD provided chiropractic care, should have direct access for continued chiropractic care at a VHA facility. Veterans accessing chiropractic care in this manner should be assigned a primary care provider at the earliest possible time.	VA agrees there is a need to facilitate continuity of care for newly discharged veterans who were receiving care from DoD at the time of discharge. While VA has made significant progress in improving the transfer of care from DoD to VA, substantial challenges remain. At this time, mechanisms do not exist to expedite care in the manner suggested by the Committee. Upon discharge from the military, every effort will be made to assign the veteran to a primary care provider. VA remains committed to the goal, in conjunction with DoD, of creating a process through which separating service members can determine their benefits, have their health status assessed, and receive care through the VA health care system in a seamless, timely, and accurate manner.	No specific action needed for implementation; seamless transition efforts are ongoing. Continuity of care from DoD should be included in program evaluation if possible.
Recommendation 11: Inpatient Care. Doctors of chiropractic may see inpatients, including patients in VHA's long term care facilities, upon	VA concurs with this recommendation	No specific action needed for implementation; providers caring for inpatients may consult with DCs.

Committee Recommendation	VA Response	Implementation Status; Follow-up
referral from another VHA provider, but will not have admitting privileges.		Provision of chiropractic care to inpatients, including extended care residents, should be included in program evaluation.
Recommendation 12: Chiropractic Care in Community Based Outpatient Clinics (CBOCs). Chiropractic services should be provided in a CBOC when the parent facility determines that the need exists and when the resources are available to provide such services. The existing fee basis program can be utilized if staff or contract doctors of chiropractic are not available at the CBOC.	VA concurs that the parent facility will determine, based on need and resources, if chiropractic care will be provided in CBOCs.	No specific action needed for implementation. Access to chiropractic care for CBOC patients should be included in program evaluation.
Recommendation 13: Fee Basis Care. Chiropractic care should continue to be available through the fee-basis program. An evaluation may be required prior to authorization of fee-basis care; however, the authorization mechanism should be consistent with the requirements for all other fee basis authorizations within the facility.	VA concurs that chiropractic care should continue to be available through the fee-basis program and that the authorization mechanism for chiropractic care should be consistent with the requirements for all other fee basis authorizations within the facility.	Incorporated into VHA Directive 2004-035, Chiropractic Care, published July 16, 2004. Use of fee basis program should be included in program evaluation.
Recommendation 14: Occupational Health Programs. Doctors of chiropractic can be utilized in the VHA facility's occupational health program.	VA agrees facilities may choose to use VHA doctors of chiropractic in VHA occupational health programs when the doctor of chiropractic has the time to provide services to employees without interfering with the care of veterans. Chiropractic treatment of employees must meet current Department of Labor (DOL) regulations, i.e., treatment of spinal subluxation as demonstrable by x-ray or the provision of physical therapy for the same condition. DOL regulations require that all initial treatment plans be cosigned by a physician. In VHA, the facility industrial hygienist or safety manager is responsible for ergonomic evaluations. VA agrees that facilities may develop policies and procedures that rely on doctors of chiropractic to evaluate both employees and workstations when they have appropriate skills and training, such as may be acquired through courses and VHA	No specific action needed for implementation; use of DCs in occupational health program to be determined by facilities. The program evaluation should examine if any facilities opted to use DCs in their occupational health program.

Committee Recommendation	VA Response	Implementation Status; Follow-up
	guidebooks. Clinical treatment requires approval from the Department of Labor. DOL does not typically pay for workstation assessment.	
Recommendation 15: Screening of Patients. The doctor of chiropractic should screen patients to identify the following "red flags" or contraindications to manual therapy: a. Possible fracture from major trauma, or minor trauma in an osteoporotic patient; b. Possible tumor or infection in patients with a history of cancer, recent fever, unexplained weight loss, recent bacterial infection, IV drug abuse or immune suppression; c. Possible cauda equina syndrome noted by saddle anesthesia, recent onset of bladder dysfunction, progressive neurologic deficit or major motor weakness in the lower extremity (not sciatica), unexpected laxity of the anal sphincter or perianal/perineal sensory loss.	VA agrees that these contraindications must be ruled out before chiropractic manual therapy is initiated. VA believes that it is essential that doctors of chiropractic should consult with medical providers if other conditions, which may be contraindications to manual therapy, are suspected.	No specific action needed for implementation. Program evaluation should include peer review of the provision of chiropractic care.
Recommendation 16: Referral Service Agreements. VHA should encourage the development of referral service agreements between doctors of chiropractic and both primary care and other specialty providers regarding the types of conditions appropriate for referral to chiropractic care, and the pre-referral testing that will be useful to optimize the provider's time. The authorization mechanism for chiropractic referrals, follow-up, and recurrent care should be consistent with the facility's business practices for other referrals.	VA concurs with this recommendation. VA believes that the development of service agreements will facilitate the integration of doctors of chiropractic into VHA facilities.	Facilities with DCs to develop service referral agreements within 3 months of implementing chiropractic care per VHA Directive 2004-035. Program evaluation should examine the similarities and differences in the various service referral agreements and, if possible, identify best practices.
Recommendation 17: Referrals from Doctors of Chiropractic. Doctors of chiropractic may make referrals to other VHA services and/or providers as appropriate, subject to facility protocols.	VA concurs with this recommendation	Included in the Under Secretary for Health's Information Letter 10-2004-011, Credentialing and Privileging of Doctors of Chiropractic, published August 23, 2004. Referrals from DCs should be included in program evaluation.
Recommendation 18: Coordination of Care. The doctor of chiropractic and the patient's primary care provider, in conjunction with other appropriate VHA providers, should develop a collaborative treatment	VA concurs with this recommendation. VHA believes strongly that patient care is a multi-disciplinary, collaborative process that results in an integrated treatment plan.	No specific action needed for implementation. The development of collaborative treatment plans should be examined in the program

Committee Recommendation	VA Response	Implementation Status; Follow-up
regime when patients present with concurrent neuromusculoskeletal and non-neuromusculoskeletal problems.		evaluation.
Recommendation 19: Co-management of Care. As a member of the VHA health care team, doctors of chiropractic should co-manage patient care for neuromusculoskeletal conditions as appropriate, along with the patient's primary care provider, other team members, and specialists.	VA does not concur with this recommendation. VHA believes strongly that patient care is a multi-disciplinary, collaborative process in which the expertise of specialists is utilized, and concurs with the necessity of coordinating care, as noted in recommendation #18. However, within VHA, the patient's primary care provider is considered the individual responsible for understanding what care is being provided and coordinating it and, with the patient, is the ultimate decision-maker.	VA did not concur. No follow-up.
Recommendation 20: Placement of Doctors of Chiropractic within a Health Care Team. Doctors of Chiropractic should be integrated into the VHA health care system as a partner in a health care team.	VA concurs that doctors of chiropractic should be integrated into a health care team appropriate to the care of patients presenting with neuromusculoskeletal complaints. Teams may be defined by organizational or functional relationships and facilities may adopt different methods of integration.	Most DCs are being placed in Physical Medicine and Rehabilitation Services, with a few in other services including medical service, surgical service, specialty service lines, and primary care. Methods of integrating DCs should be examined in the program evaluation.
Recommendation 21: Site Selection. The VISN Clinical Managers should provide recommendations for the initial sites they believe will be most successful in integrating chiropractic care into a facility while meeting the needs of veterans. The goal is to have chiropractic care at each of the major VHA facilities in each of the VISNs, consistent with the VHA distance and time standards for specialty access.	It would appear that the intent of this recommendation is to ensure that chiropractic care is ultimately available and accessible to veterans who need it throughout the VA health system. VA agrees with the intent of this recommendation. Pub. L. 107-135 states: "The Secretary shall designate at least one site ... in each geographic service area of the Veterans Health Administration. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas." VA concurs that the VISN Chief Medical Officers should identify sites that they believe will be most successful in integrating chiropractic care. While VA understands the desire of the Committee to eventually see chiropractic care available at all major VHA facilities, VA will	27 sites selected as of October 2004. One VISN selected 3 sites and 4VISNs each selected 2 sites. Accessibility of chiropractic care should be included in program evaluation using VHA's existing standard for specialty care. The resources needed to initiate and maintain chiropractic care should be included in program evaluation.

Committee Recommendation	VA Response	Implementation Status; Follow-up
	need to evaluate and learn from the initial placements of doctors of chiropractic in order to facilitate later expansion of the program, evaluate demand in relation to VHA distance and time standards for specialty care, and determine the resources required to initiate and maintain chiropractic care at additional sites.	
Recommendation 22: Doctor of Chiropractic Staffing. Each facility providing chiropractic services should have enough doctors of chiropractic on staff to provide patient care. The goal is to have doctors of chiropractic at each of the major VHA facilities in each of the VISNS, consistent with VHA standards for waits and delay for specialty access.	VA agrees that doctor of chiropractic staffing will be dependent upon patient workload. Initial staffing may be accomplished by full- or part-time appointments, contract, or fee-basis appointment.	Initial implementation will occur with 9 sites having full-time appointed employees, 10 sites with part-time appointed employees, 4 sites with part-time fee basis appointments, 3 sites with part-time contracted DCs, and one site using a without-compensation appointment to initiate an academic affiliation. Part-time positions ranged from 40 to 8 hours per pay period. The program evaluation should include DC staffing in conjunction with access to chiropractic care.
Recommendation 23: Support Staff. Personnel functioning as chiropractic assistants should come from existing job classifications, receiving additional on-the-job training from the doctor of chiropractic. Clerical staff for scheduling and other administrative clinic duties will also be needed.	VA agrees that the doctors of chiropractic will require support staff. However, a recent evaluation of primary care productivity highlighted VA's need for additional support staff. VA has 1.5 support staff per 1.0 FTEE MD (median 1.11) as compared to 2.06 direct clinical support staff per 1.0 physician in private sector general internal medicine practices. While VA continues to work towards increasing ancillary support staff, assignment of resources to the doctor of chiropractic will need to be consistent with the resources allocated to other providers. The facilities chosen to implement the chiropractic care program will need to determine how to meet the need for chiropractic support staff. As noted in the recommendation, on-the-job training may assist existing support personnel to learn new job skills. Co-location with other providers and clinics may enable sharing of	No specific action needed for implementation. The program evaluation should include the level of support staff in conjunction with access to chiropractic care.

Committee Recommendation	VA Response	Implementation Status; Follow-up
	resources. VA believes that creating inequities in staff support between existing clinicians and new doctors of chiropractic is not conducive to successful implementation of a new program.	
Recommendation 24: Space. Clinic space assignments should be consistent with existing provider space assignments. Each examination/ treatment room should contain a sink and must be adequate to contain the standard chiropractic examination/treatment table (2 feet by 7 feet 5 inches) with sufficient space on all sides for the doctor of chiropractic to move about during treatment.	VA recognizes that a chiropractor requires special equipment that may require larger than usual examination/treatment rooms. VA also recognizes that two rooms per provider facilitate provider efficiency. However, at many sites, VA continues to experience constraints in providing optimal space to existing providers. VA believes that creating inequities in space allocations between existing clinicians and new doctors of chiropractic is not conducive to successful implementation of a new program. Conversion or reconfiguration of space may be needed to achieve optimal functional working relationships and thus may be a factor in the selection of sites and the speed with which chiropractic care can be implemented at VHA facilities.	No specific action needed for implementation. The program evaluation should include space requirements in conjunction with access to chiropractic care.
Recommendation 25: Co-location with Collaborating Providers and Services. Where feasible, the doctors of chiropractic should be located with or near collaborating providers or services.	VA concurs with this recommendation. As noted above in Recommendation #23, this may be a means of maximizing utilization of support staff, as well as use of space.	No specific action needed for implementation. The program evaluation should include co-location in relation to space, staffing, and collaborative relationships.
Recommendation 26: Equipment. Chiropractic adjusting tables and specialized diagnostic evaluation equipment particular to chiropractic needs will be needed. See Appendix C for list of equipment and supplies needed for each examination room.	VA concurs that the doctors of chiropractic will require chiropractic adjusting tables and the equipment listed in Appendix C of the recommendations document.	Facilities procuring equipment. The program evaluation should include the adequacy of equipment provided for chiropractic care.
Recommendation 27: Orientation. A standardized orientation program on how chiropractic care is to be integrated into VHA should be developed and presented to clinical and administrative staff at each facility prior to the actual implementation of a chiropractic service.	VA concurs that standardized materials for explaining how chiropractic care is to be integrated into VHA should be developed and presented to appropriate staff at each facility prior to the actual implementation of a chiropractic service. VA looks forward to receiving more specific recommendations from the Committee regarding this and the need for orientation of doctors of chiropractic.	See Appendix B, Recommendations of May 2004.

Committee Recommendation	VA Response	Implementation Status; Follow-up
Recommendation 28: Ongoing Education of Providers. Doctors of chiropractic should participate in facility interdisciplinary educational activities in order to encourage collaboration and gain familiarity with the care provided by other services.	VA concurs that doctors of chiropractic should participate in facility interdisciplinary educational activities.	No specific action needed for implementation. The program evaluation should examine the utility of interdisciplinary educational activities in facilitating integration.
Recommendation 29: Education of Patients. VHA will provide standardized information to patients regarding the availability of chiropractic care. Each VISN will provide information to patients on how to access chiropractic services within the VISN. VISN Directors should assure the widest dissemination possible using multiple modalities.	VA concurs that standardized information should be provided to patients regarding chiropractic care. VA looks forward to receiving more specific recommendations from the Committee regarding suggested content.	See Appendix B, Recommendations of May 2004.
Recommendation 30: Quality Assurance. Chiropractic care should be incorporated into each facility's quality assurance program.	VA concurs with this recommendation. VA looks forward to receiving more specific recommendations from the Committee regarding this recommendation.	See Appendix C, Recommendations of July 2004.
Recommendation 31: Performance Measures. VHA should develop performance/outcome measures for chiropractic care.	VA looks forward to receiving more specific recommendations from the Committee regarding this recommendation.	See Appendix C, Recommendations of July 2004.
Recommendation 32: Evaluation of Chiropractic Care Program. A formal evaluation of the challenges and benefits of providing chiropractic care within VHA should be completed by the conclusion of the third year of implementation. Formal progress reports should be completed at least annually and provided to the Secretary, the Under Secretary for Health, the Deputy Under Secretaries for Health, other members of the National Leadership Board, and made available to interested stakeholders.	VA concurs with this recommendation.	See Appendix C, Recommendations of July 2004.
Recommendation 33: Medical Staff Voting Privileges. All doctors of chiropractic, once credentialed and privileged by a VHA facility, should be members of the Medical Staff and have full voting privileges.	Granting of medical staff membership and voting privileges is determined at the facility level, defined in the facility's Medical Staff Bylaws, in accordance the standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Most facilities within VHA, but not all, grant medical staff membership and all rights and	Initial implementation occurred with 19 of 27 sites granting medical staff membership to the DCs. Program evaluation should include the granting of medical staff membership and examine the reasoning facilities used in making those decisions.

Committee Recommendation	VA Response	Implementation Status; Follow-up
	responsibilities thereof to licensed independent practitioners.	
Recommendation 34: Continuing Education. Doctors of chiropractic employed by VHA should be expected to obtain continuing education as required for the maintenance of licensure and competency. VA should fund such training in accordance with existing VA policy.	VA concurs that doctors of chiropractic employed by VHA will be expected to obtain continuing education as required for the maintenance of licensure and competency. Facilities/VISNs have procedures for requesting and distributing financial support for educational activities when it is available.	No specific action needed for implementation. Program evaluation should examine the degree to which facilities were able to provide financial support to DCs in relation to that provided to other providers.
Recommendation 35: Oversight and Consultation for the Chiropractic Program. VHA should create a mechanism for providing oversight of and consul-ation on the implementation of chiropractic care. This may be accomplished through the appointment of a chiropractic advisor, similar to the position of the physician assistant advisor or the directors of podiatry and optometry, and a field advisory committee.	VA agrees that a mechanism to obtain input and advice from doctors of chiropractic practicing within the VA health care system is important in successfully implementing chiropractic care in VHA.	No specific action needed for implementation. Program evaluation should include the effectiveness of the method chosen to provide oversight and consultation for the chiropractic care program.
Recommendation 36: Committee Membership. Doctors of chiropractic should be included in the membership of appropriate facility, VISN, and national clinical and administrative committees, work groups and task forces in a manner consistent with the participation of other providers.	VA agrees that doctors of chiropractic should be included on facility, VISN and national committees when appropriate to the charge of the committee.	No specific action needed for implementation. Committee membership should be included in program evaluation.
Recommendation 37: Academic Affiliations. VHA should provide opportunities for educational and training experiences for senior chiropractic students and recent graduates from chiropractic programs, consistent with graduate preceptor programs sponsored by chiropractic educational programs. These educational experiences should expose the student to a wide range of services provided in the VHA facility to broaden the participant's understanding of clinical care and to help the student to experience chiropractic care in a multidisciplinary setting.	VA agrees that providing clinical opportunities for training students in accredited educational programs is desirable. Development of clinical training opportunities requires establishment of on-going care delivery processes and sufficient clinical workload to support the training activities. Once chiropractic care has been established and evaluated, local facilities will be authorized to enter into VA approved affiliation agreements with accredited chiropractic educational institutions, in order to provide opportunities for appropriately supervised educational experiences for student and graduate preceptor programs. Chiropractic training experiences will be required to meet current VA standards for	No specific action needed for implementation. Program evaluation should include the number and types of academic affiliations and the lessons learned in establishing such affiliations.

Committee Recommendation	VA Response	Implementation Status; Follow-up
	appropriate supervision of trainees, selection and appointment of trainees, and administration of the educational program.	
Recommendation 38: Research. VHA, in conjunction with its chiropractic providers and chiropractic educational programs, should conduct clinical research relevant to the type of conditions and services provided by doctors of chiropractic. Emphasis should be placed on common service connected conditions. Research related to integration of multidisciplinary providers into teams should also be undertaken.	The Office of Research and Development (ORD) will notify all VA research sites that it seeks proposals for formal merit review (fall 2004) from investigators interested in conducting rigorous clinical studies of chiropractic care.	See Appendix C, Recommendation # 4.

APPENDIX B: May 17, 2004 Recommendations of the VA Chiropractic Advisory Committee on Education Needed to Implement Chiropractic Services within VHA, VA Response, Implementation Status (as of October 19, 2004) and Suggested Follow-up

*** The full document submitted to the Secretary of Veterans Affairs should be consulted for the rationale and comments statements that reflect the Committee's discussion. This document may be found on the Committee's web site at www.va.gov/primary.**

Committee Recommendation	VA Response	Implementation Status; Follow-up
Recommendation 1: Standardized orientation. VHA should develop a standardized orientation program for newly employed doctors of chiropractic that can be modified for functional and organizational differences in facilities.	**VA concurs.**	Orientation checklist in development. List of resources available to assist in orientation to be distributed with checklist and placed on web site. See recommendation # 5.
Recommendation 2: Content for Standardzed Orientation Program. In addition to the general new employee orientation, doctors of chiropractic should be oriented to the following: VHA patient eligibility for services, priority categories, etc.; how service connection is determined (physical examinations done under criteria determined by VA.); related benefits such as Grants for Specially Adapted Housing, Automobile Grant & Adaptive Equipment, clothing allowance in some circumstances, vocational rehabilitation, service-disabled veterans insurance; VHA, VISN, and facility organization including communication and reporting structure for the doctors of chiropractic; staff member responsibilities, i.e., credentialing, privileging, reprivileging, medical staff functions, committees, day-to-day operations and communications; VHA, VISN and facility policies and procedures – how to locate policies and procedures; overview of subjects pertinent to patient care that are covered by policies, e.g., priority scheduling for service connected veterans, electrical safety for patient care equipment, providing medical opinions, immunizations; care processes and standard operating procedures, including patient scheduling and appointments;	**VA concurs**	Orientation checklist in development List of resources available to assist in orientation to be distributed with checklist. Conference calls will be used to supplement for general topics, answer questions. See recommendation # 5.

Committee Recommendation	VA Response	Implementation Status; Follow-up
procedures for receiving and making referrals and follow-up documentation; use of the electronic medical record; infection control procedures; documentation policies and responsibilities, e.g., acceptable abbreviations, required content/format, compliance requirements, billing requirements including designation of service connected/ non-service connected status for the reason for the visit; procedures for ordering supplies, equipment, etc.; quality assurance/program evaluation activities, JCAHO requirements, other accreditation requirements; performance appraisal system for employees.		
Recommendation 3: Assignment of Mentor. Each new doctor of chiropractic should have a mentor or "buddy" assigned to assist them in the orientation to day-to-day activities, answer questions, and be a general resource. The mentor should be a clinician who is accepting of chiropractic care.	VA concurs that a mentor should be available to the new doctor of chiropractic as a general resource person. Other personnel will also assist with orientation of the new doctor of chiropractic.	Facilities to arrange. See recommendation # 5.
Recommendation 4: Communication among doctors of chiropractic working in VA facilities. The VHA Central Office entity responsible for chiropractic care should establish and maintain an e-mail group for doctors of chiropractic in order to facilitate communication, problem-solving and best practices among the group. Both appointed employees and contracted doctors of chiropractic should be included in the group.	VA concurs.	E-mail group to be established.
Recommendation 5: Evaluate Orientation Program for Doctors of Chiropractic. The orientation program for doctors of chiropractic should be evaluated after an appropriate period of time, e.g., approximately 6-12 months after employment, to determine what, if any, improvements are needed.	**VA concurs**	No specific action needed for implementation. Method of conducting evaluation needs to be determined and developed by April 2005, conducted by July 2005, and reported by October 2005.
Recommendation 6: Education of VHA and VISN Leadership: All VHA Chief Officers, Chief Consultants, VISN Directors, and VISN	**VA RESPONSE:** VA agrees that VHA leadership should be knowledgeable regarding chiropractic care in order to facilitate the	VHA Directive on Chiropractic Care and Information Letter, which discussed education, licensing and scope of state practice acts, was

Committee Recommendation	VA Response	Implementation Status; Follow-up
Chief Medical Officers should receive an educational presentation on chiropractic care as soon as possible. The presentation should be made by a doctor of chiropractic and encompass the requirements of P.L. 107-135; a general description of chiropractic education and licensure requirements; an overview of chiropractic care, including indications and contraindications; scope of practice allowed by state licensing laws; and descriptions of how chiropractic has been integrated into other traditional healthcare settings.	integration of chiropractic into VHA. VHA will ensure all VHA Chief Officers, Chief Consultants, VISN Directors, and VISN Chief Medical Officers receive the information outlined [in recommendation].	distributed to all individuals in leadership positions in VHA. See recommendations # 7.
Recommendation 7: Providing Information Regarding Introduction of Chiropractic Care. VHA should develop a standardized information program on how chiropractic care is to be integrated into VHA. This information should be presented to appropriate clinical and administrative staff at each VHA facility prior to the actual implementation of the chiropractic care program. Contract personnel should receive the same information as appropriate to their responsibilities. At facilities that will not be providing chiropractic care on-site, at a minimum, clinical and administrative personnel in patient care services and facility leadership should receive an overview of chiropractic care, information on the education and licensing requirements for doctors of chiropractic, and how patients may access chiropractic care at a VA facility or through fee basis. All VISN-level personnel should also receive this information. See Appendix A for suggested content. At facilities that will be providing chiropractic care on-site, a more in-depth educational program on chiropractic care should be required for clinicians in the following assignments: primary care; general internal medicine; neurology; rheumatology; orthopedics; surgeons performing spinal surgery; rehabilitation medicine including	VA agrees information should be presented to clinical and administrative staff employees and contract personnel as appropriate to their responsibilities.	VHA developed a videotape which provides an overview of chiropractic, including information on education, licensing and access to care. This video was broadcast on the VA Knowledge Network more than a dozen times and taped by education coordinators at facilities for further use. The VHA Information Letter discussed education, licensing and scope of state practice acts. These documents are widely distributed and referenced in the video and other materials. Additional information including Pub. L.107-135, VHA Directive 2004-035, and the bibliography recommended by the Committee will be placed on an intranet site specifically established for the chiropractic care program that can be accessed by any VHA employee. A video presentation for billers and coders was broadcast three times on the BVA knowledge Network and taped for further use. An overview of the status implementation of the chiropractic care program was presented at the annual Primary and Ambulatory Care Conference in August. Facilities were requested to include publicize the availability of information on the chiropractic care by other appropriate means. The national press release of June 25, 2004 announcing sites was distributed to media,

Committee Recommendation	VA Response	Implementation Status; Follow-up
physiatrists, physical therapists and occupational therapists; pain clinics or other types of clinics which see patients with chronic pain; podiatrists; prosthetists; and radiologists, especially those who must approve imaging studies. Content should include: requirements of P.L. 107-135; pertinent VHA policy statements; general description of chiropractic education and licensure requirements; over-view of chiropractic care and chiropractic terminology; scope of practice allowed by State laws and privileges of doctors of chiropractic at facility; brief bibliography; descriptions of how chiropractic care has been successfully integrated into other traditional health care setting; patient education materials. At facilities that will be providing chiropractic care on-site, clinical personnel who will not be working directly with doctors of chiropractic, administrative staff in patient care services, and facility leadership should receive an overview of chiropractic care, information on the education and licensing requirements for doctors of chiropractic, and how patients may access chiropractic care at the facility, as well as information pertinent to their job responsibilities, e.g., billing, coding, etc.		Veteran Service Organizations and individuals who request electronic receipt of press releases.
Recommendation 8: Development and Dissemination of Information on the Chiropractic Care Program. The educational materials for current VA employees should be developed nationally to ensure consistency. Employee Education Service (EES) should be utilized to advise on learning modalities appropriate to the educational goals for introducing this new clinical program. Information should be available to employees through both local distribution and on VHA intranet sites. Availability of education materials should be announced through multiple means, including internal VA	VA concurs.	The availability of the videotape and materials on the web site were announced through e-mail distribution lists and conference calls. Facilities were requested to use other appropriate means to publicize the availability of the information.

Committee Recommendation	VA Response	Implementation Status; Follow-up
newsletters, conference calls and staff meetings, and computer log-on daily mail/announcements used to communicate with staff.		
Recommendation 9: Referral Service Agreements as an Educational Tool. The development of referral service agreements should be used as an educational opportunity for both doctors of chiropractic and other providers and required at all facilities offering chiropractic care.	VA concurs.	See Appendix A, Recommendation #16. Referral Service Agreements are to be completed within 3 months of implementation of chiropractic care.
Recommendation 10: Content and Dissemination of Patient Information. Educational materials for patients should be developed nationally to ensure consistency in content. Content should include an overview of chiropractic care, including what chiropractic care is, information on the education and licensing requirements for doctors of chiropractic, indications for chiropractic care and how veterans may access chiropractic care. See Appendix D for suggested content. Each VISN will provide information to patients on how to access chiropractic services within that VISN, including through the fee basis program. VISN Directors should assure the widest dissemination possible including print information available to patients, posters, inclusion in facility newsletters, posting on facility web sites, press releases to community media, through patient advocates and Medical Center Advisory Councils, and in orientation sessions and/or orientation materials provided to new patients. VA should nationally distribute information regarding the availability of chiropractic care via the 2005 edition of *Federal Benefits for Veterans and Dependents*; VA and VHA web sites, including the list of services covered under the medical benefits package and *MyHealtheVet*; information kiosks; veterans service	VA concurs that multiple modalities should be used to ensure patients are aware of the chiropractic care program and how to access chiropractic care.	A patient information brochure was developed in conjunction with EES' Patient Education Program and distributed to facilities at the end of September. The availability of the brochure was announced through e-mail distribution lists and conference calls. Facilities were requested to use other appropriate means to publicize the availability of the brochure. Discussions are underway regarding placement of information on MyHealth*e*Vet.

Committee Recommendation	VA Response	Implementation Status; Follow-up
organization publications; the Transition Assistance Program; and national press releases.		
Recommendation 11: Development of Patient Information. VA educational resources should ensure that all patient education material regarding chiropractic care meets VA readability criteria and is field-tested by focus groups for comprehension. Materials should be designed for electronic distribution but should initially be provided using national funding and a mandatory distribution plan. Patient education material should be Section 508 compliant and available in Spanish.	VA concurs.	See recommendation # 10 above. Brochure met readability criteria. In addition to distribution of printed copies, the brochure was also distributed electronically to facility Patient Health Educators. The brochure was not printed in Spanish pending decisions on further use or development of a different brochure after VHA's DC are in place and able to advise.

Appendix C: July 14, 2004 Recommendations of the VA Chiropractic Advisory Committee Regarding Evaluation of the Chiropractic Care Program, VA Response, Implementation Status (as of October 19, 2004) and Suggested Follow-up

*** The full document submitted to the Secretary of Veterans Affairs should be consulted for the rationale and comments statements that reflect the Committee's discussion. This document may be found on the Committee's web site at www.va.gov/primary.**

Committee Recommendation	VA Response	Implementation Status; Follow-up
Recommendation 1: Evaluation of the chiropractic care program should encompass the domains of quality of care, access to care, patient functional status, cost/revenue, patient satisfaction, and patient safety.	VA concurs with this recommendation, as it is consistent with VA's ongoing quality and performance program.	Methods of and responsibility for evaluation of the program have not been determined.
Recommendation 2: Whenever possible, mechanisms currently in use by VA should be used to evaluate the chiropractic care program (e.g., patient satisfaction, wait times).	VA concurs with this recommendation, as it is consistent with VA's ongoing quality and performance program.	
Recommendation 3: VA should use implementation and evaluation of the chiropractic care program as an opportunity to develop quality assessment tools for the care of veterans with neuromusculoskeletal conditions. Such assessments should include all care disciplines providing care for these conditions.	VA concurs with the intent of this recommendation. VA will review the literature to determine the feasibility of developing quality assessment tools that emphasize patient outcomes for use in evaluating neuromusculoskeletal care within VHA.	
Recommendation 4: The Office of Research and Development should develop an appropriate research agenda for chiropractic care.	VA concurs with this recommendation.	The Office of Research and Development is establishing a committee to develop such an agenda.
Recommendation 5: Each facility should develop a peer review process for chiropractic care that is consistent with the peer review process for other professions.	Peer review is necessary for all VA providers who are credentialed, privileged, or operating within a professional scope of practice. VA will develop a national or regional peer review process to maximize the potential for objective review.	VA has completed and published a Directive regarding peer review for all individual providers.
Recommendation 6: VA should require all authorization denials of outpatient fee basis chiropractic care to be documented, including the reason for denial, and centrally reported for use in program evaluation.	VA concurs with the principle of this recommendation. This data will be part of program evaluation.	Preliminary discussions have been held with the Health Administration Center on methods to accomplish this.
Recommendation 7: VA should monitor complaints to the Patient Advocate and use of the clinical appeals process to detect arbitrary	VA concurs with this recommendation. The Patient Advocate Tracking System will be used to monitor this.	Preliminary discussions have been held with the Patient Advocate group to identify methods to accomplish this.

denials of referral for chiropractic care.		
Recommendation 8: Both VA and non-VA doctors of chiropractic (DCs) should be involved in the evaluation and monitoring of the program.	VA concurs with this recommendation and will seek appropriate mechanisms consistent with existing methods of clinical oversight.	Pending decision by the Secretary of Veterans Affairs.